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| SERIAL NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTOF | RNEY DOCKETT NO. |
|---|---|---|---------------------------------|-------------------------|
| 08/495.591 11/03/95 JO J Q39153 | | | | |
| 26M2/0916 SUGHRUE MION ZINN MACPEAK & SEAS 2100 PENNSYLVANIA AVENUE NW | | | EXAMINER TADAYON, 8 | |
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| WAS | HINGTON DC 2 | 20037 | ART UNIT | PAPER NUMBER |
| | | | 2616 DATE MAILED: | 10 |
| | | EXAMINER INTERVIEW SUMMARY RECO | | 09/16/97 |
| All participants (applican | t, applicant's representa | ative, PTO personnel): | | • |
| m.B. Tar | dayon (| AU 2616) (1) | | |
| e MR. Mc | KELINA / | ATTOPLEY) (202) 663 | -7399 :Tel. # | |
| | 2 SEP | T97 | | |
| Date of Interview | 7 Personal (seems to oth | | | |
| Type: Telephonic Personal (copy is given to applicant applicant's representative). Exhibit shown or demonstration conducted: Yes No. If yes, brief description: | | | | |
| CALIBRE STOWN OF GETTOTIC | dadon conducted. | res paret i yes, oner description. | | |
| | - ···. | | | |
| Agreement was read | hed with respect to son | ne or all of the claims in question. | (P) FASE S | EE BELOW.) |
| Claims discussed: | 122 | 23 | Cita s | |
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| dentification of prior art o | discussed: | on this or me | | |
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| Description of the genera | i nature of what was ag | reed to If an agreement was reached, or any other com | ments: EXAMIX | IER CALLED |
| x SU 6GE S [.] | TED TH | IT CLAIM 2 BE AT | DED TO I | & CLAIM |
| 2 BE CAN | KELLED (| 2 CLAIM 3 BF DE | PENDENT | SXI CIAIM I |
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| DITIONIT W | III FAV - | THE AMAIDMANT PIE | ASE SEC THE | EFIX Malmor |
| A fuller description, if ne | cessary, and a copy of | the amendments, if available, which the examiner agree | d would render the claims ail | lowable must be |
| ittached. Also, where no | copy of the amendmen | nts which would render the claims allowable is available | , a summary thereof must be | attached.) |
| | | e a separate record of the substance of the Interview. | | |
| VAIVED AND MUST INC | LUDE THE SUBSTAN | o Indicate to the contrary, A FORMAL WRITTEN RESP CE OF THE INTERVIEW (e.g., Items 1-7 on the reverse iven one month from this Interview date to provide a staf | side of this form). If a respon | onse to the last Office |
| 2. Since the examiner's interview summary above (including any attachments) reflects a complete response to each of the objections, rejections and requirements that may be present in the last Office action, and since the claims are now allowable, this completed form is considered to fulfill the response requirements of the last Office action. Applicant is not relieved from providing a separate record of the substance of the interview unless box 1 above is also checked. | | | | |
| TOL-413 (REV. 2 -93) | | DY 'S Columnia Signa Examiner's Signa | M | |
| 100-413 (NEV. 2-33) | ORIGINAL F | OR INSERTION IN RIGHT HAND FLAP OF FILE | | |